

JCS57 U.S.
00/00/00

11-26-00

PTO/SB/05 (8-00)

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under
37 CFR 1.53(b))

Attorney Docket No. 37814/249300

First Named Inventor or Application Identifier A.J. van den Nieuwelaar

Title Device for Processing Slaughtered Animals or Parts Thereof

Express Mail Label No. EL230342579US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification Total Pages 33 <i>(preferred arrangement as set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Copy (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 13	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper
5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages] 3	c. <input type="checkbox"/> Statement verifying identity of above copies
a. <input checked="" type="checkbox"/> New unexecuted (original or copy)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with box 17 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, See 37 C.F.R. 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	13. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
Prior application information: Examiner _____ Group/Art Unit _____	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(If foreign priority is claimed)</i>
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below

Name	John S. Pratt KILPATRICK STOCKTON LLP		
Address	1100 Peachtree Street Suite 2800		
City	Atlanta	State	GA
Country	U.S.A.	Telephone	404.815.6500
Name (Type)	Kristin L. Johnson		
Signature			Reg. No. 44,807
	Date	11/3/00	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001		Complete if Known	
<i>Patent fees are subject to annual revision Small Entity payments must be supported by a small entity statement, otherwise, large entity fees must be paid. See 37 C.F.R. §§ 1.27 and 1.28</i>		Application Number	Not yet assigned
		Filing Date	November 3, 2000
		First Named Inventor	A.J. van den Nieuwelaar
		Group / Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$890.00)		Attorney Docket Number	37814/249300

METHOD OF PAYMENT (check one)		FEES CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	11-0855	Large Entity Code	Fee (\$)
Deposit Account Name	KILPATRICK STOCKTON LLP	Small Entity Code	Fee (\$)
<input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR. 1.16 and 1.17		Fee Description	Fee Paid
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
2. <input checked="" type="checkbox"/> Payment Enclosed:			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			

FEES CALCULATION					
1. BASIC FILING FEE					
Large Entity Small Entity					
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)				(\$ 710)	
2. EXTRA CLAIM FEES					
Extra Claims Fee from below					
Total Claims	30	-20**=	10	X 18	= 180
Independent claims	1	-3***=	0	X 0	= 0
Multiple Dependent Claims					
** or number previously paid, if greater; For Reissues, see below					
Large Entity Small Entity					
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$890.00)	
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					

SUBMITTED BY		Complete (if applicable)	
Typed or printed Name	Kristin L. Johnson Kilpatrick Stockton LLP	Reg. No. (Attorney/Agent)	44,807
Signature		Customer No. 23370	Telephone (404) 815-6389
		Date	11/3/00